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ABSTRACT

Although there has been a variety of observations published about Adult Children of Alcoholics (ACOAs) based upon clinical study, much of it has dealt with the adult child's possible predisposition to alcoholism rather than personality issues. Many children from alcoholic families seek treatment because they are experiencing difficulty in other areas in their lives. These difficulties often stem from the problems that the individual experienced as a child in an alcoholic family. This study explored the hypothesis that ACOAs experience problems in self-esteem, interpersonal trust, and dependency. Three personality scales were administered to volunteer college students (N=107) to measure the variables of self-esteem, interpersonal trust, and dependency and multiple regression analysis was employed to determine which of those variables were related to parental drinking. Results did not indicate any significant effects for the self-esteem variable. Results did indicate that those subjects determined to be ACOAs scored higher in dependency and in trust. These findings do support the fact that ACOAs are not trusting. ACOAs never learned how to trust as a child. ACOAs are also quite high in dependency because they did not receive the nurturing they needed as a child. (CM)

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Psychologically Abandoned Children:

Dependency, Trust and Self-Esteem in ACOAs

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Abstract

107 college students were involved in a study designed to explore the hypotheses that Adult Children of Alcoholics (ACOAs) experience problems in self-esteem, interpersonal trust and dependency. Subjects were given a packet which contained three scales designed to measure these variables. One page requesting demographic information was also included. Results did not indicate any significant affects for the self-esteem variable. Results did indicate that those subjects determined to be ACOAs scored higher in dependency. A tendency was also observed for ACOAs to have lower levels of interpersonal trust.

Introduction

Adult Children of Alcoholics face a number of problems in today's society. Until recent years this group has been neglected in terms of therapy and support. Alcoholism is a disease which not only affects the drinker, but has serious implications for family members. The recognition of ACOAs as a particular group has sprouted a national movement toward study and therapy of the adult child. There have been a variety of observations published about the ACOA based upon clinical study, yet much of this deals with the adult child's possible predisposition to alcoholism rather than personality issues.

Many children from alcoholic families seek treatment because they are experiencing difficulty in other areas in their lives. These difficulties often stem from the problems that the individual experienced as a child in an alcoholic family. The family in which alcoholism is involved experiences ongoing trauma. Family is dominated by the presence of alcohol and its denial (Brown, 1988). This denial does not magically end when the individual becomes an adult and ventures out on his/her own. Many of the unhealthy patterns adopted in childhood carry over and cause difficulties in adulthood. Those ACOAs that have sought treatment report problems in a variety of personal as well as interpersonal life areas. A large number of adult children report self-esteem problems. The adult child often feels worthless and void of redeeming qualities. Some theory suggests that this problem may be the result of parental egocentrism. The alcoholic parent cannot accomodate the needs of the child, but must assimilate the child into their own framework (Brown, 1988). Another commonly reported problem among adult children is difficulty in achieving intimacy resulting from low levels of trust and dependency. ACOAs find it nearly impossible to trust others because they have been consistently

disappointed by their alcoholic parent. In homes with alcoholic parents, children learn that they cannot trust anyone to take care of them (Burgess, 1990). This problem may have very serious consequences for the individuals interpersonal life. ACOAs often report a high need for approval from others significant in their lives, and a high level of dependency on these individuals.

The present study will further examine these common problems of the ACOA and attempt to determine the prevalence of the ACOA experience on the college campus. The uniqueness of college students as a particular group will also be discussed. Three attitude surveys will be given in an attempt to explore the hypothesis that the adult children is indeed a group in need of therapy because of self-esteem, trust and dependency problems.

Method

Subjects

The present study used a convenient sample of approximately 107 volunteer college students. The survey was administered to the volunteers in a classroom setting.

Procedure

The subjects were informed that the survey was an attitude measure without any right or wrong answers. The experimenters handed out the survey in 4 college classrooms while stressing that each participant would remain anonymous. The subjects were informed that results would be available as soon as possible. Each participant was also given a list of resources to contact in the event that they would like further information.

Apparatus

The tests used in this study included: The Faith in People Scale (Rosenberg), the Index of Self-Esteem (W.W. Hudson), and the Interpersonal Dependency Inventory (Hirschfield et al.). The individual scales were slightly modified to lessen the amount of time needed to complete the survey. The packet also included a page requesting general demographic information from the subject. Subjects were asked to follow the instructions given in each section of the survey and were thanked for their participation.

Discussion

The original hypothesis was an attempt to confirm what clinical case reports have indicated. Differences in self-esteem in this sample were not significant. There were, however, significant findings for the trust and dependency variables which past research has supported. In the present sample, ACOAs were found to be lower in trust and higher in dependency.

Research has typically indicated that ACOAs generally experience low levels of self-esteem. Werner (1986), for instance, found that ACOAs who developed no serious coping problems by 18 years of age differed from those who did in characteristics of temperament, self-concept and locus of control. Plescia (1988), in her study, also indicated that ACAs showed overall lower well-being and lower achievement. The degree of one's self-esteem can clearly be the result of many factors. The current study, for example, used a sample of college students who are unique in the fact that they are primarily more achievement oriented. Perhaps succeeding in college gives them a greater self-concept and higher self-esteem. Low self-esteem can also be the result of many other factors in one's life, not just the result of being an ACOA. This is also a non-clinical sample and self-esteem may be higher.

The survey's findings do support the fact that ACOAs are not trusting. ACOAs never learned how to trust as a child because there was never anyone there for them to count on. They learned to rely on themselves at an early age. ACOAs are also quite high in dependency because they didn't receive the nurturing they needed as a child. They

seek approval and become codependent as they focus on things outside of themselves. ACOAs typically focus on the stressors of the family, which may include abuse or someone's addiction. Trust and dependency can be difficult to measure as it is often situationally specific. It is interesting to find these characteristic on self-report measures of ACOAs. College students are generally more independent as well as more educated than non-college students. This allows for a greater variety of opinion and attitude in the area of trust. It is not necessarily true that because someone isn't trusting that they are an ACOA.

The study should certainly be extended to a larger, non-college sample. Convenient classroom samples were used which meant that the survey was not necessarily voluntary. On the other hand, no one declined to participate. Due to the length of the survey, the degree of honesty could have also been a factor. It may not have been a concern to subjects to answer each question as accurately as possible. Having completely voluntary students, in a non-classroom setting, may have been more advantageous. Clearly the effects of parental drinking is complex and have an impact on the non-clinical population.

Results

The self-esteem, dependency and trust scales were scored according to the instructions indicated by the original designers. The questions requesting demographic information were scored on a point basis determined by the experimenters. The data was studied using a multiple regression analysis. As shown in Table 1, only two of the variables were related to parental drinking: trust and dependency. Those subjects that reported parental problem drinking were determined to be lower in trust and higher in dependency. No relationship was observed between self-esteem and parental drinking. Of the 107 respondents, 15 were designated ACOAs because of their responses to questions concerning parental drinking and whether treatment had been sought. This is similar to that reported by other studies. Respondents' average scores on the Faith in People Scale, Interpersonal Dependency Scale and Index of Self-Esteem were within reported normal ranges.

Insert Figure 1 about here

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